

# BUILDING PERMIT APPLICATION



PERMIT  
NUMBER

P.O. Box 150, New Kent, VA 23124, **Phone:** 804-966-9680, **Fax:** 804-966-8510  
[www.co.new-kent.state.va.us](http://www.co.new-kent.state.va.us) **Inspections:** 804-966-8572

## PROPERTY OWNER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## CONTRACTOR

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
VA Contractor's No: \_\_\_\_\_ Class: \_\_\_\_\_  
Expiration: \_\_\_\_\_ Email: \_\_\_\_\_

## MECHANICS LIEN AGENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PROPERTY INFORMATION

Address: \_\_\_\_\_  
Project Cost: \_\_\_\_\_ Structure Height: \_\_\_\_\_

## STATE NATURE OF PROPOSED WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SETBACKS

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right: \_\_\_\_\_ Left: \_\_\_\_\_

**APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS/REGULATIONS.** I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AGENT/OWNER DATE

**PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.**

**OFFICE ONLY**

Permit Fee: \$ \_\_\_\_\_ Surcharge: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Date: \_\_\_\_\_ Check  Cash

**COMMISSIONER OF REVENUE OFFICE**

Commissioner of Revenue: \_\_\_\_\_ Date: \_\_\_\_\_  
Business License: Yes  No  N/A

**DESCRIPTION OF PROPERTY**

Tax Map Parcel Number: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Zone: \_\_\_\_\_ Block: \_\_\_\_\_  
District: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_  
Use Group: \_\_\_\_\_

**SEPTIC CERTIFICATION**

I certify that there will be no interference with the existing septic tank and drain field lines / nor with the area designated as reserve repair area caused by the proposed project, accessory structures, additions, or alterations, etc. of the structure. I furthermore accept full responsibility in the event that any interference with the septic system does occur.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AGENT/OWNER DATE

\_\_\_\_\_  
BUILDING OFFICIAL DATE  
 APPROVED  DISAPPROVED